

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99550

Office of Registrar of Vital Statistics.

Ward 18<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, Apr 29 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margurite E. Bowers

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 28 Years, --- Months, --- Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } Married

Occupation, Housekeeper

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 8 Canby Hall St

Cause of Death, { First (Primary), Second (Immediate), } Cancer of Stomach  
Dropsy.

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr 30 1887

Undertaker, J. B. Cook

Place of Business, Balt. St

James A. Mearns M. D.

Comm<sup>r</sup> of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Sinding Inspector

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 9955 Office of Registrar Medical Statistics. Ward 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 29 1888

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Estelle M Connolly

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Seventeen Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single ✓

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, About six months

Place of Death, { Give Street and Number. } No. 1801 Harford ave

Cause of Death, { First (Primary), Enlargement of Heart,  
Second (Immediate), Regurgitation from Mitral Insufficiency }

Duration of Last Sickness, About four weeks - never healthy

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Gormanstown

Date of Burial, May 1st

{ Undertaker, H. C. Wiedefeld } Phys. R. C. Clowell, M. D.  
Medical Attendant.

{ Place of Business, 916 Gunmit Ave } Address, 1241 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99532 Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 26<sup>th</sup> 1887

Full Name of Deceased, John W. Moore  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 14 Months, 14 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, All his life

Place of Death, 1036 Abney Alley  
{ Give Street and Number. }

Cause of Death, Infantile  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, April 30<sup>th</sup>

Undertaker, B. Harle M. D.

Place of Business, 115 West St Address, 518 Ransom St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99553 Office of Registrar of Vital Statistics. Ward 11<sup>7</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 29 - 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ernest Langsfelder

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 4 6 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Schooler

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, { Give Street and Number. } 705 Cannon St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bright's Dis/terstitia Nephritis  
Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 2nd 87

{ Undertaker, E. J. Jones } Frank C. Brissler M. D.

Medical Attendant.

{ Place of Business, E. Jones & Wolfe } Address, 17th Base St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99537 Office of Registrar of Vital Statistics. Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 27. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs. Mary Ann Sermons

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, Months, Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Somerset Co. Md.

Duration of Residence in the City of Baltimore, Forty four yrs.

Place of Death, { Give Street and Number. } 1921 Bank St

Cause of Death, { First (Primary), Second (Immediate), } Carcinoma of Breast  
Anasarca

Duration of Last Sickness, Twelve weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Mt. C. Cem.

Date of Burial, May 10<sup>th</sup> 87

{ Undertaker, E. J. France } G. Clauville, M. D. Medical Attendant.

{ Place of Business, J. & W. Wolfe } Address, 2000 E. Dall. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No.

99505

Office of Registrar of Vital Statistics.

2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within forty-eight hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death,

April 27<sup>th</sup>

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Georgis. Mientanis

Sex, Male ☒ Female ☐

Cross out the word not required in this line.

(Mintians)

Age,

34 Years,

Months,

Days.

Color,

White

Married, Single ☒ Widow ☒ Widower ☐

Cross out the word not required in this line.

Occupation,

Storekeeper

Birthplace,

State or Country and how long in the United States, if of foreign birth.

Belgium

Duration of Residence in the City of Baltimore,

18 years

Place of Death,

Give street and number.

1805. N. Ave. Armo st

Cause of Death,

First, (Primary.)

Second, (Immediate.)

Apoplexy;

Exhaustion

Duration of Last Sickness,

24 hours.

All the above information should be furnished by the Physician.

Place of Burial,

New Methodist Church

Date of Burial,

May 1<sup>st</sup> 1887

Geo W Barkman

M.D.,

Medical Attendant.

Undertaker,

H. Cander & son

Place of Business,

1710 Canton Ave

Address, 918 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99556 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 30<sup>th</sup> 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margarette Lucas

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 81 Years, Months, Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Housewife

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balti City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } old 96. N Euter St.

Cause of Death, { First (Primary), Second (Immediate), } Arterio Scurvy  
Heart Exhaustion  
& Sudden Death

Duration of Last Sickness, Sudden Death

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 2<sup>d</sup> 1887

Undertaker, Henry H. Mears M. D.

Place of Business, #413 E. Fayette Address, 309 N Euter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 99557

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, April 30th.

Full Name of Deceased, Sarah C. Harry

Write legibly and spell correctly. If an Infant not named, give names of parents.

Sex, Female

Cross out the word not required in this line.

Age, 74

Years, —

Months, —

Days, —

Color, White

Married, Single, Widow or Widower, Widow

Cross out the words not required in this line.

Occupation, —

Birth Place, Anne Arundel Co, Md.

(State or country, and how long in the United States, if of foreign birth.)

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, No. 720 St. Peters St.

(Give Street and Number.)

Cause of Death, old age

First (Primary),

Second (Immediate),

Duration of Last Sickness, some months

All the above information should be furnished by the Physician.

Place of Burial, Green Hill

Date of Burial, May 2<sup>d</sup>

Undertaker, B. Heale

Place of Business, 115 West St.

Address, Dr. Columbia & Fremont Ave.

[Signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 99558 Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, April 28<sup>th</sup> 1887.

Full Name of Deceased, Eliza Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 Years, 4 Months, 12 Days.

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Germ any = Residues heart 2 yrs

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give Street and Number.} 1505 Battery Ave.

Cause of Death, {First (Primary), Apoplexy  
Second (Immediate), Syncope

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, to Philadelphia

Date of Burial, May 2<sup>nd</sup>

Undertaker, B. Harle

Place of Business, 115 West St Address, 1701 Dr. Hill Ave

J. J. Flannery M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit 4665



# Board of Health, City of Baltimore, //

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99559

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, Apr. 29/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Artridge Douglas

Sex, Male or Female, { cross out the word not required in this line. }

Age, 25 Years, — Months, 7 Days

Color, Malatto

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number } 571 Moore's Alley

Cause of Death, { First, (Primary.) Second, (Immediate.) } Congestion of Lungs  
Typhoid Fever & Exhaustion  
Three Weeks

Duration of last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2, 1887

Undertaker, Alex. Hemmick

Place of Business, 54 Orchard St Address, 867 Harbor Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. G. DULANEY & CO. CITY PRINTERS AND STATIONERS.

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